

*Annual Report of the Medical Officer of Health for the
Rural District of Leeds (Roundhay and Seacroft) for
the twelve months ended December 31st, 1902.*

The deaths reported this past year in our district are in all 76; and there are two other deaths in asylums notified to me, 78 in all. Of these, thirty-three are deaths of patients in the Leeds Fever Hospitals, none of whom came from either Roundhay or Seacroft; and three other deaths (that is thirty-six in all) are of strangers, two killed by accident on the railway, and one a suicide in the lake at Roundhay Park. There remain, therefore, forty-two deaths which properly concern our mortality statistics, twenty-two belonging to Roundhay, twenty to Seacroft.

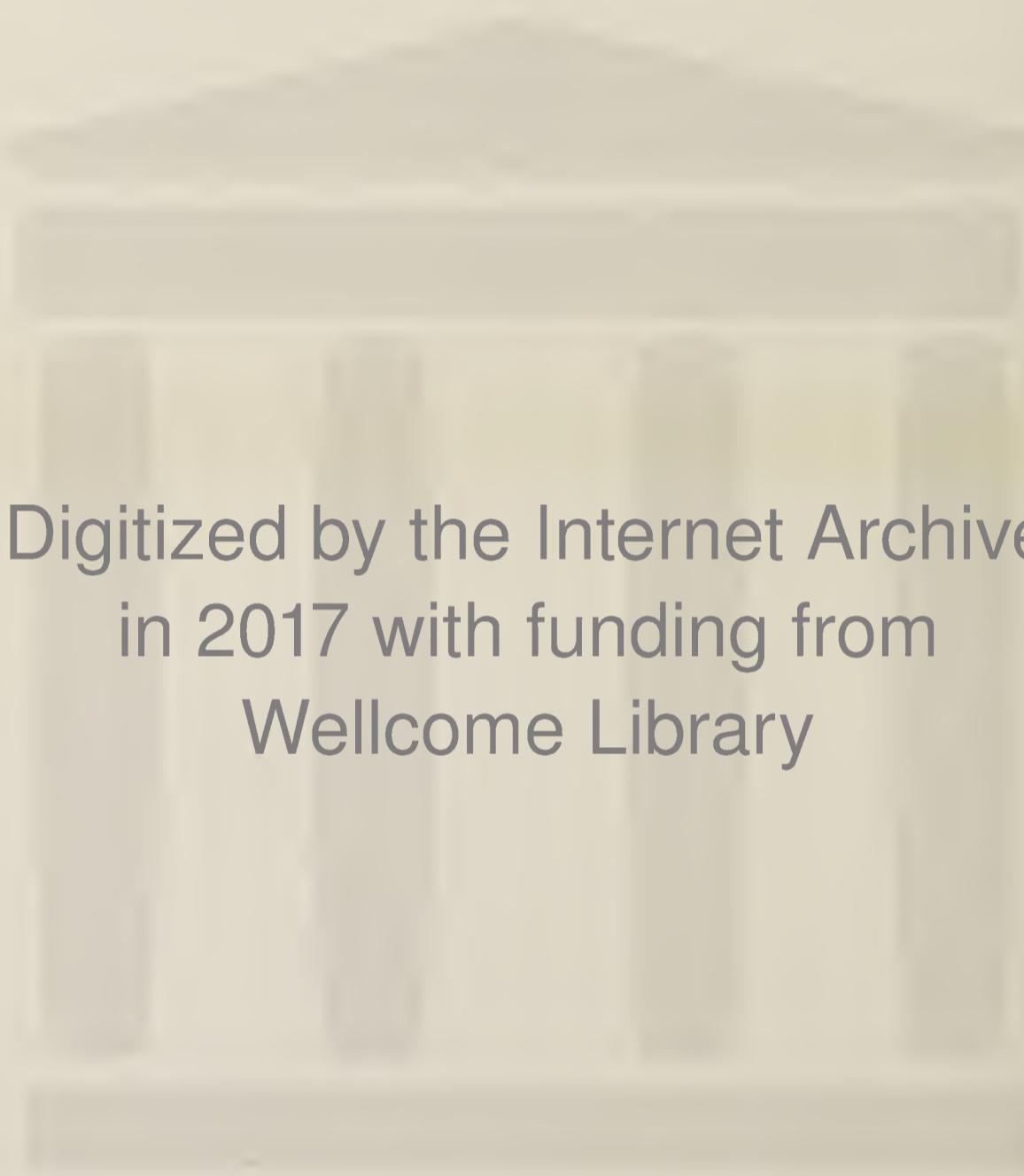
Estimating the population of the district to have increased up to the middle of last year by one hundred and twenty-five—the average rate of increase the last ten years—the number of inhabitants should have then been 3,335; a total which includes and allows for some increase in the residents of the Fever Hospital. The gross total death-rate, then, works out at 23·4 per 1000. This fact is of no real value to us; the true death-rate of the district (that is after deduction of the fluctuating part of the census population, the Leeds patients in the Fever Hospital) works out at 13·5; or if we include the deaths from accident and suicide, which in any time have indeed formed a pretty constant feature of the year's returns, 14·3 per 1,000.

The births number 67; a corrected birth-rate of 21·2; uncorrected by the same deduction as for the death-rate, 20·09. The infantile death-rate, 89·5 per 1,000 born. There is no zymotic death-rate at all this year. The phthisis death-rate, ·6 per mille; from tubercle of all organs, as well as of the lungs, 1·6 nearly.

Distinguishing further, I estimate the population of Roundhay, at the middle of 1902, at about 1,937; and that of Seacroft, which remains very nearly stationary, at 1,136. The deaths in each district, corrected, amount as I have said to twenty-two and twenty respectively. The death-rates will, therefore, be 11·3 and 17·6 for Roundhay and Seacroft respectively. The births are 36 for Roundhay, 31 for Seacroft, and the rates respectively 18·6 nearly and 27. The deaths under one year were four in Roundhay, two in Seacroft; and the respective rates of children under one year per one thousand born come to 111 and 64·5. The single case of diarrhoea that caused death would not appear to have been due to extrinsic causes, and will not, therefore, come under the heading of zymotic diseases. The phthisis deaths recorded are two, both in Seacroft. Seacroft, therefore, shows death-rate for this cause of 1·7; Roundhay ·0; from tubercular diseases of other organs there are three deaths reported, one in Roundhay, one in Seacroft, one of a Leeds patient at the Fever Hospital. The corrected total rate for tubercle of all organs I have mentioned already—for Roundhay it is ·5 per 1000; for Seacroft it is 2·6.

The list of deaths for residents in the district is really more reassuring than it looks; for of the Seacroft deaths four are of persons between 70 and 80 years of age, one is of a person between 80 and 90, and one above 90 years; of the Roundhay cases two are between 70 and 80, two over 80 and under 90, and one over 90 years of age. This is in either case the best record that has been shown while I have been your medical officer: the average age at death, excluding deaths under one year, being for Roundhay 57·8, and for Seacroft 58·6 years.

The birth-rate here, as universally throughout England, is small and show a tendency to decline. As was to be expected, it is considerably smaller among the wealthier classes than it is among a rural and labouring population. But it is falling even among these, a fact which will not surprise anyone who knows what a hold the doctrine which wrongfully goes by the name of Malthusianism has got upon the working classes, though the degree of this hold, few but medical men in general practice can realise.



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It will be seen by reference to Table II that these figures approximate fairly closely to the average of the last seven years, the figures for which alone I am able to give. It is, of course, only by collecting averages for a number of years that one can, in so small a district, establish any trustworthy conclusions, but I think that we have now to hand data sufficient to arrive at a nearly definite notion of what the normal rates are for the two sections of our district. The distinctly rural part shows again, and has for eight years shown, a higher relative death-rate, not infrequently even an absolutely higher number of deaths than that part which is actually urban, and occupied by a richer class. The difference is not accounted for by a higher infantile rate in this case; it is, indeed, this year, accentuated by a lower mortality among infants. It may in part be due to the hardship incidental to the life of the labouring classes, who make up the great part of the population of a village like Seacroft, but not wholly; for in the first place if you scrutinise the causes of death, you will not find that such hardships figure largely among the causes; and secondly, the wear and tear of a life spent in brain work, with its frequent accompaniment of mental strain, and the absence of out-door exercise, balance the hardships and, *ceteris paribus*, the worker with his hands has the better chance of life. In Yorkshire, at any rate, where the labourer lives, as far as eatables are concerned, well and even generously, inferior feeding is not the cause. What remains is his housing, and as I have laboured to show before, I do not think the problem of making the rural death-rate markedly lower than that of the towns, class for class, will ever be completely solved until we have model dwellings for the labourers in the country, in the same way and to the same degree as in the towns.

I cannot but think, however, that the sickness rate, which is perhaps a more real test of the health of a district than the death-rate (unless it be the average death-rate of very many years), is lessening all round, and I know quite certainly that part of the amelioration, in Seacroft, is due to improvements in the means of removing the sewage. It is some years since I have seen more than an odd case at any given time of disease directly traceable to the accumulation of such matters.

A marked peculiarity of last year's statistics is the very small number of cases of infectious disease notified. As will be seen from the table, only four such notifications have reached me.

Practically the whole of Roundhay is now sewered. That part which is in or neighbouring the Park drains into the Leeds system; the rest of Roundhay, pending the completion of the sewage beds now in progress, relies on the cesspools as before. Seacroft is drained as it always has been, the effluent after settling passing into a stream which ultimately feeds Killingbeck Lake. But the main part is sewered on modern principles, the old rubble drains being merely used for surface water.

The dairy farms are as a whole well kept and arranged, except that, as I have noticed before, the water supply on some of the outlying farms is sometimes not beyond reproach, and in times of drought is precarious. There have been only three instances this past year in which I have had to find serious fault for want of cleanliness. In this connection I should like to draw attention to what I think a great fault—not as special to this district, for it is universal—viz.: the want of paving in the yards. The manure, with labour so scarce as it is, is almost necessarily deposited in the yard in which the cowsheds open, and in rainy weather such a yard becomes a bed of indescribable filth, which it is impossible to do more than mitigate. I should suggest an addition to the bye-laws that every fold yard should be well and smoothly paved towards the manure pit for at least fifteen feet.

I am happy to be able to say that not a single case of tuberculosis has been found this year in our dairy farms.

In this district there is only one workshop which it becomes my duty, under the Act of 1901, to inspect. There is no fault to find with it, save one which will shortly be remedied.

For further details refer to the schedule accompanying.

B. BASKETT, M.B., Oxon.

